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**EXAMINER** 

SECRETARY OF STATE

FILED

# ROBERT P. SALTSMAN, P. A.

## Attorney at Law

222 SOUTH PENNSYLVANIA AVENUE, SUITE 200

Winter Park, Florida 32789 Telephone: (407) 647-2899 Telefax: (407) 628-2307 Post Office Box 2146 Winter Park, Florida 32790 Writer's E-Mail Address:

aimee@saltsmanpa.com

March 4, 2010

### Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization of Owens Realty Network,

LLC

### Dear Sir/Madam:

Enclosed for filing is the form cover letter, along with the Articles of Amendment to Articles of Organization of Owens Realty Network, LLC amending the Manager to: Anne Millians Roche Also enclosed is check number 8266 in the amount of \$25.00 for the filing fee of same.

If you need anything further from us, please feel free to contact me. Thank you for your assistance.

Sincerely.

Aimee Ellen Rox Legal Assistant

:aer Enclosures

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Dwens Realty Network, LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Anne Millians Roche Name of Person		
Owens Realty Network, LLC Firm/Company		
228 Park Ave. North, Suite L		
Winter Park, FL 32-789 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	2010 MAR -5 SECRETAR) TALLAHASS	71
For further information concerning this matter, please call:	HAS	-
Anne Millians Roche at (407) 808-0798  Name of Person Area Code & Daytime Telephone Number	5 AN 11: 09 RY OF STATE SEE. FLORIDA	
Enclosed is a check for the following amount:	,	
\$25.00 Filing Fee \$\ \tag{\$\subseteq}\$\$30.00 Filing Fee \$\ \tag{\$\subseteq}\$\$ Certificate of Status \$\ \tag{\$\text{certified Copy}\$}\$ Certificate of Status \$\ \tag{\$\text{certified Copy}\$}\$ Certified Copy \$\ \text{certified Copy}\$ Certified Copy \$\ \text{certified Copy}\$ (additional copy is enclosed)	of Status &	

### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ty Network, LLC
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	vas it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L100000/3278</u> .	were filed on <u>February 4,20/0</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	TAS 20
Enter new mailing address, if applicable:	FCRETARY LLAHASSE
(Mailing address MAY BE A POST OFFICE BOX)	OF STATE
B. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City , Florida

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** ☐ Add Remove Remove □ Add Remove Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated March Z Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00